

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

HAMAD ZAID,

Civil Action No.:

Plaintiff,

-against-

NOTICE OF REMOVAL

MICHAEL E. SECOTTE and SECOTTE
TRANSPORT,

Defendants.

-----X

**TO: THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

Pursuant to 28 U.S.C. §§ 1441 and 1446 et. seq., Defendants, MICHAEL E. SECOTTE and SECOTTE TRANSPORT, respectfully removes to this Court the within action, which was commenced in the Supreme Court of the State of New York, County of Bronx, under Index Number 811448/2021E. As grounds for removal, Defendants, by their attorneys, GALLO VITUCCI KLAR, LLP, respectfully states:

1. Plaintiff commenced this action by purchasing an Index Number and filing a Summons and Complaint in the Supreme Court of the State of New York, County of Bronx, on or about August 23, 2021. A copy of the Summons and Verified Complaint is annexed hereto as Exhibit "A". The Complaint asserts causes of action against MICHAEL E. SECOTTE and SECOTTE TRANSPORT, sounding in negligence and seeking an

unspecified amount of damages in an amount which “exceeds the jurisdictional limits of the lower courts.”

2. The Summons and Complaint, annexed hereto as Exhibit “A”, MICHAEL E. SECOTTE and SECOTTE TRANSPORT’s Verified Answer, annexed hereto as Exhibit “B,” constitute “all process, pleadings and orders” known to have been served in the aforesaid action, within the meaning of 28 U.S.C. § 1446(a).

3. This is a civil action in which the United States District Court has original jurisdiction by reason of the diversity of citizenship of the parties pursuant to 28 U.S.C. § 1332. The Police Report indicates that plaintiff is a citizen of the State of New York and resides in Kings County. See Exhibit “C.”

4. At the time of the commencement of the action and at all times in this lawsuit, defendants, MICHAEL E. SECOTTE and SECOTTE TRANSPORT were, and still are, citizens of the State of Maine, residing at 532 Cushing Road, Cushing, Maine 04563. See, Exhibit “C”. As a result, upon information and belief, there is complete diversity of citizenship between the plaintiff and the defendants herein.

5. By way of service of a response to a Demand for an Ad Damnum annexed hereto as Exhibit “D”, Plaintiff has advised in writing that the amount sought in this action is \$5,000,00, thereby meeting the monetary threshold for the jurisdiction of this court.

6. A written notice of the filing of this Notice of Removal will be served upon all adverse parties as required by 28 U.S.C. § 1446(d).

7. A true and correct copy of this Notice of Removal will be filed with the Clerk of the Supreme Court of the State of New York, County of Bronx, as provided by 28 U.S.C. § 1446(d).

8. Pursuant to Rule 11 of the Federal Rules of Civil Procedure, the undersigned counsel certifies that he has read the foregoing Notice of Removal, that, to the best of his knowledge, information, and belief formed after reasonable inquiry, it is well-grounded in fact and is warranted by existing law or a good faith argument for the extension, modification or reversal of existing law, and that it is not interposed for any improper purpose, such as to harass or cause unnecessary delay or needless increase in the cost of litigation.

WHEREFORE, defendants MICHAEL E. SECOTTE and SECOTTE TRANSPORT pray that this action be removed to the United States District Court for the Southern District of New York.

Dated: New York, New York
April 1, 2022

Yours etc.,

GALLO VITUCCI KLAR LLP



By: Matthew J. Vitucci, Esq.
Attorneys for Defendants
90 Broad Street, Suite 1202
New York, NY 10004
(212) 683-7100
mvitucci@gvlaw.com
File No.: CI.2021009

TO: JOUDEH & KULLER, LLP
Attorneys for Plaintiff
1539 Franklin Avenue, Suite 101
Mineola, NY 11501
(516) 540-2000
bkuller@joudehkuller.com
rjoudeh@joudehkuller.com

EXHIBIT A

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Index No.:
Date of Purchase:
August 23, 2021

=====X
HAMAD ZAID,

Plaintiff,

-against-

MICHAEL E. SECOTTE and SECOTTE TRANSPORT

Defendant.
=====X

SUMMONS

Plaintiff designates BRONX
County as place of trial

The basis of venue is:
Accident Location

To the above named defendant:

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance on the Plaintiff's Attorneys within 20 days after the service of this summons exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: Mineola, New York
August 23, 2021

JOUDEH KULLER & RAM, LLP.

BY: 

RAMY JOUDEH
Attorneys for Plaintiff
1539 Franklin Avenue,
Suite 101
Mineola, New York 11501
(516) 540-2000
File No. 1144.RJ

To: **MICHAEL E. SECOTTE**
532 Cushing Road
Cushing, Maine 04563

SECOTTE TRANSPORT
532 Cushing Road
Cushing, Maine 04563

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Index No.:

Date of Purchase:

August 23, 2021

=====X
HAMAD ZAID,

VERIFIED COMPLAINT

Plaintiff,

-against-

MICHAEL E. SECOTTE and SECOTTE TRANSPORT

Defendant.
=====X

Plaintiffs by his attorneys **JOUDEH KULLER & RAM, LLP.**, complaining of the defendants herein, respectfully show to this court and alleges as follows:

1. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, owned a motor vehicle bearing Maine registration number **926452**.

2. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, operated of a motor vehicle bearing Maine registration number **926452**.

3. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, maintained a motor vehicle bearing Maine registration number **926452**.

4. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, managed a motor vehicle bearing Maine registration number **926452**.

5. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, controlled a motor vehicle bearing Maine registration number **926452**.

6. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, was acting within his scope of employment at the time his vehicle came into contact with the plaintiff.

7. That on **August 12, 2021**, and at all times hereinafter alleged, and upon information and belief, the defendant **MICHAEL E. SECOTTE**, was employee by and/or acting on behalf of his employer and defendant **SECOTTE TRANSPORT** at the time of the accident.

8. That on **August 12, 2021**, and upon information and belief, the defendant, **MICHAEL E. SECOTTE** operated a motor vehicle bearing Maine registration number **926452**, with the knowledge, permission and consent of defendant **SECOTTE TRANSPORT**.

9. That on **August 12, 2021**, and upon information and belief, the defendant, **MICHAEL E. SECOTTE** operated a motor vehicle bearing Maine registration number **926452**, with the knowledge, permission and consent of defendant **SECOTTE TRANSPORT**.

10. That on **August 12, 2021**, and upon information and belief, the defendant, **MICHAEL E. SECOTTE** maintained a motor vehicle bearing Maine registration number **926452**, with the knowledge, permission and consent of defendant **SECOTTE TRANSPORT**.

11. That on **August 12, 2021** and upon information and belief, the defendant, **MICHAEL E. SECOTTE** managed a motor vehicle bearing Maine registration number **926452**, with the knowledge, permission and consent of defendant **SECOTTE TRANSPORT**.

12. That on **August 12, 2021**, and upon information and belief, the defendant, **MICHAEL E. SECOTTE** controlled a motor vehicle bearing Maine registration number **926452**, with the knowledge, permission and consent of defendant **SECOTTE TRANSPORT**.

13. That on **August 12, 2021**, and upon information and belief, the defendant, **SECOTTE TRANSPORT** negligently entrusted defendant **MICHAEL E. SECOTTE** with a motor vehicle bearing Maine registration number **926452**, with the knowledge, permission and consent of defendant **SECOTTE TRANSPORT**.

14. Defendant **SECOTTE TRANSPORT** had actual and constructive notice of **MICHAEL E. SECOTTE** poor driving record, suspensions, revocations, inability to rent vehicles, inability to purchase vehicles, and propensity to cause harm to others on the roadway.

15. That on **August 12, 2021**, and at all of the times hereinafter mentioned, **at or on RANDALL AVENUE at or near the intersection of HALLECK STREET, Bronx County, State of New York** was and still is a public highway used extensively by the public in general.

16. That on **August 12, 2021**, the plaintiff, **HAMAD ZAID**, was operating a vehicle at the location hereinafter described.

17. That on **August 12, 2021**, at the aforesaid location, the aforesaid motor vehicle came in contact with another vehicle.

18. That on **August 12, 2021**, at the aforesaid location, the aforesaid motor vehicle came in contact with the plaintiff vehicle.

19. That the aforesaid accident and injuries resulting therefrom were due solely and wholly as a result of the careless and negligent manner in which the defendant owned, operated, maintained, managed and controlled his motor vehicle without this plaintiff in any way contributing thereto.

20. That by reason of the foregoing and the negligence of the defendant, the plaintiff **HAMAD ZAID**, was severely injured, bruised and wounded, suffered, still suffers and will continue to suffer for some time physical pain and bodily injuries and became sick, sore, lame and disabled and so remained for a considerable length of time.

21. That by reason of the foregoing, the plaintiff, **HAMAD ZAID**, was compelled to and did necessarily require medical aid and attention, and did necessarily pay and become liable therefor for medicines and upon information and belief, the plaintiff, **HAMAD ZAID**, will necessarily incur similar expenses.

22. That by reason of the foregoing, the plaintiff, **HAMAD ZAID**, has been unable to attend to his usual occupation in the manner required.

23. That by reason of the wrongful, negligent and unlawful actions of the defendant, as aforesaid, the plaintiff, **HAMAD ZAID**, sustained serious injuries as defined in Section 5102(d) of the Insurance Law of The State of New York, and has sustained economic loss greater than basic economic loss as defined in Section 5102 of the said Insurance Law.

24. That one or more of the exceptions of §1602 of the Civil Practice Law and Rules do apply to the within action.

25. That as a result of the foregoing, the plaintiff, **HAMAD ZAID**, was damaged in an amount exceeds the jurisdictional limits of the lower courts.

WHEREFORE, plaintiffs demand judgment against the defendants on each cause of action in the amount that exceeds the jurisdictional limits of the lower courts, all together with cost and disbursements of this action.

Dated: Mineola New York
August 23, 2021

JOUDEH KULLER & RAM, LLP.

BY:



RAMY JOUDEH

Attorneys for Plaintiff

1539 Franklin Avenue,

Suite 101

Mineola, New York 11501

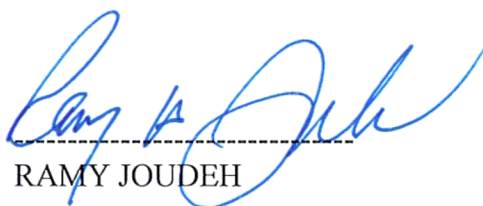
(516) 540-2000

File No. 1144.RJ

STATE OF NEW YORK, COUNTY OF NASSAU ss:

I, the undersigned, an attorney admitted to practice in the courts of New York State, state under penalty of perjury that I am one of the attorneys for the Plaintiffs in the within action; I have read the foregoing VERIFIED SUMMONS AND COMPLAINT and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe to be true. The reason this verification is made by me and not by my clients, is that my clients are not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigations conducted by my office.

Dated: Mineola, New York
August 23, 2021



RAMY JOUDEH

Index No.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

=====

HAMAD ZAID,

Plaintiff,

-against-

**MICHAEL E. SECOTTE, and SECOTTE
TRANSPORT**

Defendant.

=====

SUMMONS AND VERIFIED COMPLAINT

=====

JOUDEH KULLER & RAM, LLP.

Attorneys for Plaintiffs

Office and Post Office Address, Telephone

1539 Franklin Avenue, Suite 101

Mineola, New York 11501

(516) 540-2000

File No. 1144.RJ

=====

EXHIBIT B

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
HAMAD ZAID,

Index No.: 811448/2021E

Plaintiff,

**VERIFIED ANSWER TO
VERIFIED COMPLAINT**

-against-

MICHAEL E. SECOTTE and SECOTTE TRANSPORT,

Defendants.

-----X
Defendants MICHAEL E. SECOTTE JR. i/s/h/a MICHAEL E. SECOTTE and MICHAEL E. SECOTTE JR. d/b/a SECOTTE TRANSPORT, by and through their attorneys, GALLO VITUCCI KLAR LLP answering the Verified Complaint of Plaintiff, respectfully state and allege, upon information and belief as follows:

1. Deny each and every allegation contained in paragraph “1” of the Verified Complaint, except admit that on August 21, 2021 Defendant MICHAEL E. SECOTTE JR. d/b/a SECOTTE TRANSPORT was the registered owner of a motor vehicle bearing Maine plate number 926452.

2. Deny any knowledge or information sufficient to form a belief as to the allegations contained in paragraphs “2”, “3”, “4”, “5”, “6”, “7”, “8”, “9”, “10”, “11”, “12” and “15” of the Verified Complaint, and respectfully refer all questions of law to the Honorable Court at the time of trial of this matter.

3. Deny each and every allegation contained in paragraphs “13”, “14”, “19”, “20”, “21”, “22”, “23” and “25” of the Verified Complaint.

4. Deny any knowledge or information sufficient to form a belief as to the allegations contained in paragraph “16” of the Verified Complaint.

5. Deny each and every allegation contained in paragraphs “17”, “18” and “24” of the Verified Complaint, and respectfully refer all questions of law to the Honorable Court at the time of trial of this matter.

AS AND FOR A FIRST AFFIRMATIVE DEFENSE

6. That these Defendants was not served in accordance with the provisions of the C.P.L.R. and this Court, therefore, lacks jurisdiction over these Defendants.

AS AND FOR A SECOND AFFIRMATIVE DEFENSE

7. That any injuries and/or damages sustained by the Plaintiff, as alleged in the Verified Complaint therein, were caused in whole or in part by the contributory negligence and/or culpable conduct of said Plaintiff and not as a result of any contributory negligence and/or culpable conduct on the part of answering Defendants.

AS AND FOR A THIRD AFFIRMATIVE DEFENSE

8. That by entering into the activity in which the Plaintiff was engaged at the time of the occurrence set forth in the Verified Complaint, said Plaintiff knew the hazards thereof and the inherent risks incident thereto and had full knowledge of the dangers thereof; that whatever injuries and damages were sustained by the Plaintiff herein as alleged in the Verified Complaint arose from and were caused by reason of such risks voluntarily undertaken by the Plaintiff in his activities and such risks were assumed and accepted by him in performing and engaging in said activities.

AS AND FOR A FOURTH AFFIRMATIVE DEFENSE

9. The lawsuit was not commenced by the Plaintiff within the time prescribed by law and, therefore, Plaintiff’s action is barred by the applicable statute of limitations.

AS AND FOR A FIFTH AFFIRMATIVE DEFENSE

10. That the injuries and/or damages allegedly sustained by the Plaintiff was caused, in whole or in part, by the failure of the Plaintiff to utilize and/or properly utilize available seat belts and/or other safety devices available.

AS AND FOR A SIXTH AFFIRMATIVE DEFENSE

11. Pursuant to CPLR 4545, if it be determined or established that Plaintiff has received or with reasonable certainty shall receive the cost of medical care, dental care, custodial care or rehabilitation services, loss of earnings or other economic loss, and that the same shall be replaced or indemnified, in whole or in part from any collateral source such as insurance (except for life insurance), social security (except for those benefits provided under title XVIII of the Social Security ACT), workers' compensation or employee benefit programs (except such collateral source entitled by law to liens against any recovery of the Plaintiff), then and in that event answering Defendants hereby plead in mitigation of damages the assessment of any such cost or expense as a collateral source in reduction of the amount of the award by such replacement or indemnification, minus an amount equal to the premiums paid by the Plaintiff for such benefits for the two year period immediately preceding the accrual of this action and minus an amount equal to the projected future cost to the Plaintiff of maintaining such benefits and as otherwise provided in CPLR 4545.

AS AND FOR A SEVENTH AFFIRMATIVE DEFENSE

12. That the action against the answering Defendants cannot be prosecuted due to the Plaintiff's failure to name and likewise prosecute an indispensable party to this litigation.

AS AND FOR AN EIGHTH AFFIRMATIVE DEFENSE

13. A. The accident described in the Verified Complaint did not result in a “serious injury” to the Plaintiff so defined in and by Section 5102 (d) of the Insurance Law of the State of New York. By reason of the premises in Section 5104 of the Insurance Law of the State of New York, Plaintiff has no right to institute, maintain or prosecute this action and is barred from doing so.

B. The Plaintiff did not sustain serious injury as defined by Section 5102 (d) of the Insurance Law of the State of New York, and her exclusive remedy therefore is confined and limited to the benefits and provisions of Article 51 of the Insurance Law of the State of New York.

AS AND FOR A NINTH AFFIRMATIVE DEFENSE

14. The Plaintiff failed to mitigate, obviate, diminish or otherwise act to lessen or reduce the injuries, damages and disabilities alleged in the Verified Complaint.

AS AND FOR A TENTH AFFIRMATIVE DEFENSE

15. The place of trial for this action is stated for an improper county pursuant to CPLR 505(b).

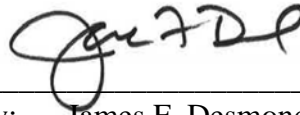
WHEREFORE, Defendants MICHAEL E. SECOTTE JR. i/s/h/a MICHAEL E. SECOTTE and MICHAEL E. SECOTTE JR. d/b/a SECOTTE TRANSPORT demand judgment

dismissing the Verified Complaint, together with attorneys' fees, costs and disbursements of this action.

Dated: Woodbury, New York
October 28, 2021

Yours etc.,

GALLO VITUCCI KLAR LLP

A handwritten signature in black ink, appearing to read 'JFD', is written over a horizontal line.

By: James F. Desmond, Esq.

Attorneys for Defendants

*Michael E. Secotte Jr. i/s/h/a Michael E. Secotte
and Michael E. Secotte Jr. d/b/a Secotte Transport*

100 Crossways Park West, Suite 305

Woodbury, New York 11797

(212) 683-7100

File No.: CI-2021-9

TO: JOUDEH KULLER & RAM, LLP
Attorneys for Plaintiff
Hamad Zaid
1539 Franklin Avenue, Suite 101
Mineola, New York 11501
(516) 540-2000
File No.: 1144.RJ

ATTORNEY VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

The undersigned affirms the following statement to be true under penalties of perjury pursuant to Rule 2106 of the Civil Practice Law and Rules.

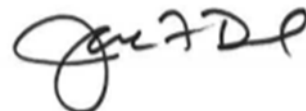
That he is of counsel with the firm of GALLO VITUCCI KLAR LLP attorneys for Defendants MICHAEL E. SECOTTE JR. i/s/h/a MICHAEL E. SECOTTE and MICHAEL E. SECOTTE JR. d/b/a SECOTTE TRANSPORT.

That he has read the foregoing instrument and knows the contents thereof, and, that the same is true to the knowledge of your deponent, except as to those matters therein alleged on information and belief, and that as to those matters he believes them to be true.

That the reason why this Verification is made by your deponent and not by the Defendants is that said parties reside outside the county in which your deponent maintains his office.

That the source of your deponent's information and the grounds of his belief as to all matters therein alleged upon information and belief is reports from and communications had with said party.

Dated: Woodbury, New York
October 28, 2021



JAMES F. DESMOND

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

Claudette Garraud, being duly sworn, deposes and says:

I am not a party to the action, am over 18 years of age and reside in the State of New York, County of Queens. That on the 28th day of October, 2021, I served the within **VERIFIED ANSWER TO VERIFIED COMPLAINT** on:

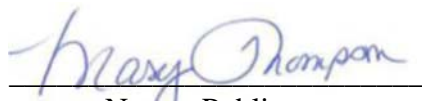
JOUDEH KULLER & RAM, LLP
Attorneys for Plaintiff
Hamad Zaid
1539 Franklin Avenue, Suite 101
Mineola, New York 11501
(516) 540-2000
File No.: 1144.RJ

those being the addresses designated by said attorneys for that purpose, by filing a true copy of same via New York State Courts Electronic Filing (NYSCEF) System.



Claudette Garraud

Sworn to before me this
28th day of October, 2021



Notary Public

<p>Mary Thompson Notary Public – State of New York No. 01TH6044466 Qualified in Richmond County Commission Expires on July 3, 2022</p>
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SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

INDEX NO.: 811448/2021E

HAMAD ZAID,

Plaintiff,

-against-

MICHAEL E. SECOTTE and SECOTTE TRANSPORT,

Defendants.

VERIFIED ANSWER TO VERIFIED COMPLAINT

GALLO VITUCCI KLAR LLP

Attorneys for Defendants

*Michael E. Secotte Jr. i/s/h/a Michael E. Secotte
and Michael E. Secotte Jr. d/b/a Secotte Transport*

100 Crossways Park West, Suite 305

Woodbury, New York 11797

(212) 683-7100

File No.: CI-2021-9

EXHIBIT C

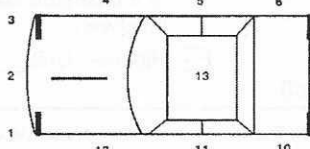
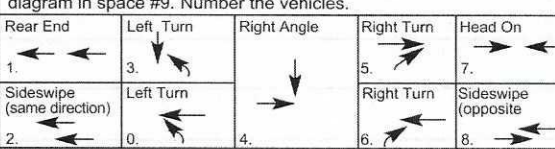
Police Accident Report (NYC)

MV-104AN (7/11)

Precinct
041
Accident No.
MV-2021-041-000767

Complaint
Number

☐ AMENDED REPORT

1		Accident Date Month 8 Day 12 Year 2021		Day of Week THURSDAY		Military Time 12:30		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19		
2		VEHICLE 1										<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN										20
2		VEHICLE 1 - Driver License ID Number 0902255 Driver Name - exactly as printed on license SECOTTE, MICHAEL, E Address (Include Number & Street) 532 CUSHING RD City or Town CUSHING State ME Zip Code 04563 Date of Birth 11/22/1982 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/>										VEHICLE 2 - Driver License ID Number 680028098 Driver Name - exactly as printed on license ZAID, HAMAD, D Address (Include Number & Street) 170 BAY RIDGE AVENUE City or Town BROOKLYN State NY Zip Code 11220 Date of Birth 2/25/1966 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/>										21
3		Name - exactly as printed on registration SECOTTE, MICHAEL, E M 11/22/1982										Name - exactly as printed on registration ZAID, HAMAD, D M 2/25/1966										22
4		Address (Include Number & Street) 532 CUSHING RD Apt. No. Haz. Mat. Code Released										Address (Include Number & Street) 170 BAY RIDGE AVENUE Apt. No. Haz. Mat. Code Released										23
5		City or Town CUSHING State ME Zip Code 04563										City or Town BROOKLYN State NY Zip Code 11220										24
5		Plate Number 926452 State of Reg. ME Vehicle Year & Make 2019 PETERBILT TRACTOR TRUCK DIESEL Ins. Code										Plate Number 07564U State of Reg. NJ Vehicle Year & Make 2017 TOYOTA SW/SUV Ins. Code										25
6		Ticket/Arrest Number(s)										Ticket/Arrest Number(s)										26
7		Violation Section(s)										Violation Section(s)										27
8		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.										Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.										28
9		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 10 Box 2 - Most Damage 10 Enter up to three more Damage Codes 18 18 18										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 3 Box 2 - Most Damage 3 Enter up to three more Damage Codes 2 4 18										29
10		Vehicle By Towed: To										Vehicle By Towed: To										30
11		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																				31
12		Reference Marker Coordinates (if available) Latitude/Northing: 40.812916 Longitude/Easting: -73.88122										Place Where Accident Occurred: <input checked="" type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred RANDALL AVENUE (Route Number or Street Name) at 1) intersecting street HALLECK STREET (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)										32
13		Accident Description/Officer's Notes VEHICLE 1 STATES, WHILE MAKING A LEFT TURN FROM RANDALL AVE UNTO HALLECK STREET, VEHICLE 2 TRAVELING IN THESAME DIRECTION BEHIND VEHICLE 1, ATTEMPTED TO SPEED PASS VEHICLE 1 ON THE DRIVER SIDE WHILE VEHICLE 1 MAKING A WIDE TURN, VEHICLE 2 SIDESWIPE VEHICLE 1. VEHICLE 2 STATES, WHILE MAKING A LEFT TURN FROM RANDALL AVE UNTO HALLECK STREET, VEHICLE 1 LEAVING FROM A PARKED POSITION AT THE INTERSECTION OF RANDALL																				33
14		8 9 10 11 12 13 14 15 16 17 BY TO 18										Names of all involved										34
15		A 1 1 4 1 38 M - - - - -										SECOTTE, MICHAEL, E										35
16		B 2 1 4 1 55 M - - - - -										ZAID, HAMAD, D										36
17		ALL INVOLVED										USE COVER SHEET										37
18		Officer's Rank and Signature POM Print Name PAUL C TAMBE										Tax ID No. 961348 NCIC No. 03030 Precinct 041 Post/Sector Reviewing Officer SGT JOSE ROSA Date/Time Reviewed 08/16/2021 11:31										38

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Page 2 of 4 Pages

Precinct 041
Accident No. MV-2021-041-000767

Complaint Number	
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POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

☐ **AMENDED REPORT**

1		Accident Date Month Day Year 8 12 2021			Day of Week THURSDAY		Military Time 12:30		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20														
VEHICLE																																			
2		VEHICLE - Driver License ID Number										State of Lic.		VEHICLE - Driver License ID Number										State of Lic.		21									
Driver Name - exactly as printed on license										Driver Name - exactly as printed on license												22													
Address (Include Number & Street)										Apt. No.		Address (Include Number & Street)										Apt. No.		23											
City or Town										State		Zip Code		City or Town										State		Zip Code		24							
3		Date of Birth Month Day Year			Sex		Unlicensed <input type="checkbox"/>		No. of Occupants		Public Property Damaged <input type="checkbox"/>		Date of Birth Month Day Year			Sex		Unlicensed <input type="checkbox"/>		No. of Occupants		Public Property Damaged <input type="checkbox"/>		25											
2		Name - exactly as printed on registration										Sex		Date of Birth Month Day Year		Name - exactly as printed on registration										Sex		Date of Birth Month Day Year		26					
4		Address (Include Number & Street)										Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>		Address (Include Number & Street)										Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>		27	
1		City or Town										State		Zip Code		City or Town										State		Zip Code		28					
5		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		29													
1		Ticket/Arrest Number(s)										Ticket/Arrest Number(s)												30											
6		Violation Section(s)										Violation Section(s)												31											
7		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.										Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.												32											
0		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes										1		2		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes										3		4		5		33			
1		Vehicle By Towed:										To		Vehicle By Towed:										To		34									
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																						35													
Reference Marker																						36													
Coordinates (if available)																						37													
Latitude/Northing: 40.812916																						38													
Longitude/Easting: -73.88122																						39													
Place Where Accident Occurred: <input checked="" type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND																						40													
Road on which accident occurred RANDALL AVENUE (Route Number or Street Name)																						41													
at 1) intersecting street HALLECK STREET (Route Number or Street Name)																						42													
or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S Feet Miles <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)																						43													
Accident Description/Officer's Notes AND HALLECK STREET, SIDE SWPD VEHICLE 2.																						44													
USE COVER SHEET																						45													

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only			
Officer's Rank and Signature POM Print Name in Full PAUL C TAMBE							Tax ID No. 961348		NCIC No. 03030		Precinct 041		Post/Sector		Reviewing Officer SGT JOSE ROSA		Date/Time Reviewed 08/16/2021 11:31	

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)		
Month	Day	Year	()			Month	Day	Year	()			Month	Day	Year	()		
Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)		
Month	Day	Year	()			Month	Day	Year	()			Month	Day	Year	()		
Last Name			First			M.I.			Highway Dist. at Scene?			<input type="checkbox"/> Yes <input type="checkbox"/> No			Name:		
Address									Name:								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)		
Month	Day	Year	()			Month	Day	Year	()			Month	Day	Year	()		
Last Name			First			M.I.			Shield No.			Shield No.			Shield No.		

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____ Vehicle No. _____

Expiration Date _____ Expiration Date _____

VIN _____ VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle			Operator's First Name		Last Name		Rank		Shield No.		Tax ID. No.		Command	
Make of Vehicle		Year		Type of Vehicle		Plate No.		Dept. Vehicle No.		Assigned To What Command				
Equipment in Use At Time of Accident														
<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights														

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

Side Swipe (same dir) : MV-2021-041-000767

Reporting Officer : POM PAUL C TAMBE

Reviewing Officer : SGT JOSE ROSA Reviewed Date : 08/16/2021 11:31

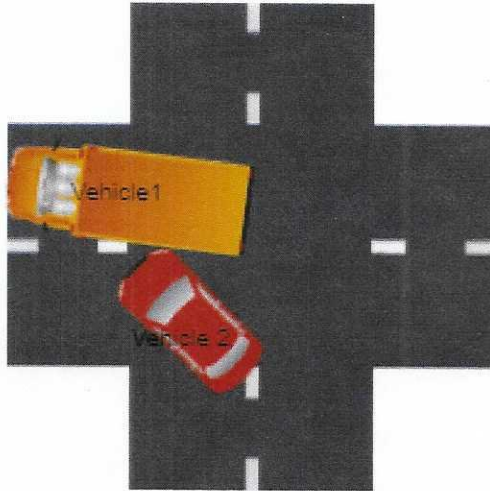


EXHIBIT D

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

Index #: 811448/2021E

=====X
HAMAD ZAID,

Plaintiff,

Response to Ad Damnum

-against-

MICHAEL E. SECOTTE and SECOTTE TRANSPORT,

Defendant.
=====X

S I R S:

Plaintiff by his attorneys, **JOUDEH & KULLER, LLP**, responds to defendants Demand for Ad Damnum as follows:

Plaintiff, HAMAD ZAID, individually, demands judgment against the defendants in the sum of FIVE MILLION (\$5,000,000.00) dollars all together with the costs and disbursements of this action.

The plaintiff reserves the right to supplement this response if and when such information becomes available.

Dated: Mineola, New York
March 29, 2022

Yours, etc.
JOUDEH & KULLER, LLP



BY: BRETT L. KULLER, ESQ.
Attorneys for Plaintiffs
1539 Franklin Avenue, Suite 101
Mineola, New York 11501
(516) 540-2000

TO:

Gallo Vitucci Klar, LLP
Attorney for Defendants
MICHAEL E. SECOTTE and SECOTTE TRANSPORT,
100 Crossways Park West, Suite 305
Woodbury, New York 11797
(212) 683 7100

AFIRMATION OF SERVICE

Brett Kuller, an attorney duly admitted to practice law in the Courts of the State of New York, hereby affirms, pursuant to C.P.L.R. § 2106:

I am not a party to the action, am over the age of eighteen (18) years and reside in Nassau County, New York.

That on March 29, 2022, I served the within **Response to Ad Damnum** upon:

Gallo Vitucci Klar, LLP
Attorney for Defendants
MICHAEL E. SECOTTE and SECOTTE TRANSPORT,
100 Crossways Park West, Suite 305
Woodbury, New York 11797
(212) 683 7100

at the address designated by said attorney(s) for that purpose by depositing a true copy of same enclosed in a post-paid, properly addressed wrapper in a post office/official depository under the exclusive care and custody of the United States Postal Service within the State of New York.

Dated: Mineola, New York
March 29, 2022



Brett Kuller

Index No.: 811448/2021E

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

HAMAD ZAID,

Plaintiff,

-against-

MICHAEL E. SECOTTE and SECOTTE TRANSPORT

Defendants.

RESPONSE TO AD DAMNUM

JOUDEH & KULLER, LLP.
Attorneys for Plaintiff
Office and Post Office Address, Telephone
1539 Franklin Avenue, Suite 101
Mineola, New York 11501
(516) 540-2000
File No.: 1144.RJBK

JOUDEH & KULLER

1539 Franklin Avenue

Suite 101

Mineola, New York 11501

SCANNED

Gallo Vinucci Klar, LLP
100 Crossways Park West, Suite 305
Woodbury, New York 11797

RECEIVED

MAR 30 2022

WOODBURY OFFICE